

Exhibit 3



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov

050106

Articles of Organization Limited-Liability Company

(PURSUANT TO NRS CHAPTER 86)

Filed in the office of <i>Barbara K. Cegavske</i>	Document Number 20180092997-67
Barbara K. Cegavske Secretary of State State of Nevada	Filing Date and Time 02/28/2018 9:32 AM
	Entity Number E0102172018-6

(This document was filed electronically.)

ABOVE SPACE IS FOR OFFICE USE ONLY

USE BLACK INK ONLY - DO NOT HIGHLIGHT

1. Name of Limited-Liability Company:

(must contain approved limited-liability company wording; see instructions)

SMASH TECHNOLOGY, LLC

Check box if a Series Limited-Liability Company

Check box if a Restricted Limited-Liability Company

2. Registered Agent for Service of Process: (check only one box)

Commercial Registered Agent: **P STERLING KERR**

Name

Noncommercial Registered Agent
(name and address below)

OR

Office or Position with Entity
(name and address below)

Name of Noncommercial Registered Agent **OR** Name of Title of Office or Other Position with Entity

Street Address

City

Nevada

Zip Code

Mailing Address (if different from street address)

City

Nevada

Zip Code

3. Dissolution Date: (optional)

Latest date upon which the company is to dissolve (if existence is not perpetual):

4. Management: (required)Company shall be managed by: Manager(s) **OR** Member(s)
(check only one box)**5. Name and Address of each Manager or Managing Member:** (attach additional page if more than 3)1) **MICHAEL ALEXANDER**

Name

2450 ST ROSE PKWY STE 120

Street Address

HENDERSON

City

NV

89074

State

Zip Code

2)

Name

Street Address

City

State

Zip Code

3)

Name

Street Address

City

State

Zip Code

6. Name, Address and Signature of Organizer: (attach additional page if more than 1 organizer)

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

MICHAEL ALEXANDER

Name

2450 ST ROSE PKWY STE 120

Address

X MICHAEL ALEXANDER

Organizer Signature

HENDERSON

City

NV

89074

State

Zip Code

7. Certificate of Acceptance of Appointment of Registered Agent:

I hereby accept appointment as Registered Agent for the above named Entity.

X P STERLING KERR

Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity

2/28/2018

Date

This form must be accompanied by appropriate fees.

Nevada Secretary of State NRS 86 DLLC Articles
Revised: 10-1-15

INITIAL/ANNUAL LIST OF MANAGERS OR MANAGING MEMBERS AND STATE BUSINESS LICENSE APPLICATION OF:

SMASH TECHNOLOGY, LLC

NAME OF LIMITED-LIABILITY COMPANY

FOR THE FILING PERIOD OF

FEB, 2018

TO

FEB, 2019

ENTITY NUMBER

E0102172018-6



100403

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY FILE THIS FORM ONLINE AT www.nvsilverflume.gov

- Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

1. Print or type names and addresses, either residence or business, for all manager or managing members. A Manager, or if none, a Managing Member of the LLC must sign the form. FORM WILL BE RETURNED IF UNSIGNED.

2. If there are additional managers or managing members, attach a list of them to this form.

3. Return completed form with the fee of \$150.00. A \$75.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.

4. State business license fee is \$200.00. Effective 2/1/2010, \$100.00 must be added for failure to file form by deadline.

5. Make your check payable to the Secretary of State.

6. **Ordering Copies:** If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

7. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.

8. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties. Failure to include annual list and business license fees will result in rejection of filing.

ANNUAL LIST FILING FEE: \$150.00 LATE PENALTY: \$75.00 (if filing late)

BUSINESS LICENSE FEE: \$200.00 LATE PENALTY: \$100.00 (if filing late)

Filed in the office of
Barbara K. CegavskeBarbara K. Cegavske
Secretary of State
State of NevadaDocument Number
20180092999-89Filing Date and Time
02/28/2018 9:32 AMEntity Number
E0102172018-6(This document was filed electronically.)
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CHECK ONLY IF APPLICABLE AND ENTER EXEMPTION CODE IN BOX BELOW

- Pursuant to NRS Chapter 76, this entity is exempt from the business license fee. Exemption code:

NRS 76.020 Exemption Codes

001 - Governmental Entity
006 - NRS 680B.020 Insurance Co.

NOTE: If claiming an exemption, a notarized Declaration of Eligibility form must be attached. Failure to attach the Declaration of Eligibility form will result in rejection, which could result in late fees.

NAME

MICHAEL ALEXANDER

MANAGER OR MANAGING MEMBER

ADDRESS

2450 ST ROSE PKWY STE 120

CITY

HENDERSON

STATE ZIP CODE

NV 89074

NAME

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE ZIP CODE

NAME

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE ZIP CODE

NAME

MANAGER OR MANAGING MEMBER

ADDRESS

CITY

STATE ZIP CODE

None of the managers or managing members identified in the list of managers and managing members has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of a manager or managing member in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

MICHAEL ALEXANDER

**Signature of Manager, Managing Member or
Other Authorized Signature**

Title

MANAGER

Date

2/28/2018 9:32:14 AM

SECRETARY OF STATE



LIMITED LIABILITY COMPANY CHARTER

I, Barbara K. Cegavske, the Nevada Secretary of State, do hereby certify that **SMASH TECHNOLOGY, LLC** did on February 28, 2018, file in this office the Articles of Organization for a Limited Liability Company, that said Articles of Organization are now on file and of record in the office of the Nevada Secretary of State, and further, that said Articles contain all the provisions required by the laws governing Limited Liability Companies in the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 28, 2018.

A handwritten signature in black ink that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State

Certified By: Electronic Filing
Certificate Number: C20180228-0973
You may verify this certificate
online at <http://www.nvsos.gov/>

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

SMASH TECHNOLOGY, LLC

Nevada Business Identification # NV20181146412

Expiration Date: February 28, 2019

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 28, 2018

A handwritten signature in black ink that reads "Barbara K. Cegavske".

Barbara K. Cegavske
Secretary of State

You may verify this license at www.nvsos.gov under the Nevada Business Search.

License must be cancelled on or before its expiration date if business activity ceases.
Failure to do so will result in late fees or penalties which by law cannot be waived.